MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

64411

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — Mt Rainier — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 1 yr 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md~~ MD. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS 3421 Newton St. (If rural, give location) Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Georgia	Anna	Amiss	Apr.	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W		Apr. 23, 1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Jefferson Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Fletcher	Ann C. Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No (If yes, give war or dates of service)	None	Mrs. John J. Baum - 3421 Newton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilitation of Heart	1 hour
Antecedent cause (b) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Virus Pneumonitis	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 26 19 52 to April 27 19 52 that I last saw the deceased alive on April 26, 19 52 and that death occurred at 4:15 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Harnsberger	M.D	4001 New Hampshire Ave Washington DC	4/27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	April 30/52	Rock Creek	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27 1952	James Levy	Robert A Mattingly	Washington DC

4-27-52

L1 3-1359

The Coroner of Prince George County Maryland, Dr Maloney was informed of the facts in this case & instructed me to issue this certificate.

Charles Harrisberger M.D.

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

04412

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg — LENGTH OF STAY (in this place) 9 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4210-51st Avenue	STREET ADDRESS (If rural, give location) 4210-51st Avenue

3. NAME OF DECEASED (Type or Print)	(First) Leslie	(Middle)	(Last) Atkins	4. DATE OF DEATH	(Month) April (Day) 7 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 01	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supply Officer	10b. KIND OF BUSINESS OR INDUSTRY Pancimer Union	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Harry Atkins	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Wife - Same			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hemorrhage & shock	
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gunshot wound of head.	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home garage	(CITY OR TOWN) Bladensburg (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-6-52 P.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Self inflicted wound.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam	Cheverly Md	4-7-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/9/52	NAME OF CEMETERY OR CREMATORY Lt Lincoln	LOCATION (City, town, or county) Colmar Manor (State) Md
DATE REC'D BY LOCAL REG. 4/8/52	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F Rascha sons Hyattsville Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

64413

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~105~~ 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thrift Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Thrift Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Bayne

4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 3, 1875
9. AGE last birthday 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Loveless
14. MOTHER'S MAIDEN NAME Catherine Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Esther Goddard, Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 4/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-5-52
NAME OF CEMETERY OR CREMATORY Christ
LOCATION (City, town, or county) Clinton (State) Md

DATE REC'D BY LOCAL REG. 4-4-52
REGISTRAR'S SIGNATURE M. L. Monroe
Howard Beall (CMC)
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO CHO REGISTRAR NO. ____ DATE 4/7/52

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04414

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Camp Le Jeune COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Carolina
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Allen (Last) Bean
4. DATE OF DEATH (Month) April (Day) 5 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/30/1930
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY U.S. Marine Corps
11. BIRTHPLACE (State or foreign country) Hillside N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Phillip Bean
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull with cerebral laceration

(c) Auto. collision with another car.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Mitchellville (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) 4 (Day) 4 (Year) 52 (Hour) 1 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile collision with another car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly-Hyattsville Md DATE SIGNED 4.5.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 4-8-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Matawan, New Jersey (State)
DATE REC'D BY LOCAL REG. 4/8/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 10 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

64415

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4229 Madison Street,

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) JOSEPH (Last) BELL

4. DATE OF DEATH (Month) April (Day) 28th, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 24/52

9. AGE last birthday yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Cheverly, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Joseph Bell

14. MOTHER'S MAIDEN NAME Marian B. Kreckel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS William J. Bell, 4229 Madison St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Funnel Chest — INTERVAL BETWEEN ONSET AND DEATH Congenital

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asphyxia

758.6

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24th, 1952 to 4-28, 1952 that I last saw the deceased alive on 4-28, 1952 and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE: John P. Clum (Degree or title) M.D. ADDRESS 6110 43rd Place Hyattsville Md. DATE SIGNED 4-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 29/52

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG. 4/29/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Company, Riverdale, Md.

VS. A1

2042385505

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APR 30 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] is especially important. Physicians: pl[redacted]te the causes of death clearly and legibly.

Vs. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md.
STREET ADDRESS (If rural, give location) 2407 Cheverly Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Ernest (Last) Blount.

4. DATE OF DEATH (Month) Apr. (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/10/97
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Give [illegible] Star newspaper
10b. KIND OF BUSINESS OR INDUSTRY Printer
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stephen Elliot Blount.
14. MOTHER'S MAIDEN NAME Martha Eliz Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1st. world war.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pt. record.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Hem. ular Nephritis	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1952, to Apr 15, 1952, that I last saw the deceased alive on Apr 15, 1952, and that death occurred at 10.18 p m, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Riverdale, Md DATE SIGNED 4-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 18 1952
NAME OF CEMETERY OR CREMATORY Arlington Nat.
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. April 16, 1912
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Joseph Gawlers Sons, ADDRESS Wash. D.C.

RECEIVED
APR 21 1952
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainer
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3702 Bunker Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. RAINER
STREET ADDRESS (If rural, give location) 3702 Bunker Hill Rd

3. NAME OF DECEASED (Type or Print) (First) DOVIE (Middle) ROXANNA (Last) BROOKS

4. DATE OF DEATH (Month) APRIL (Day) 10 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 20-1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY In own home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Irvin Stout
14. MOTHER'S MAIDEN NAME Rowena Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS MRS LOIS IRELAND — AS Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Congestive Heart Failure	6-8 Mos
42 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Disease	5 yr +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. See Other Side

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1951, to April, 1952, that I last saw the deceased alive on FEB 4, 1952, and that death occurred at 6 40 P m., from the causes and on the date stated above.

SIGNATURE W. L. Etienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 4/10/52

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF April 11, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) High Point, North Carolina (State)

DATE REC'D BY LOCAL REG. April 11, 1952
REGISTRAR'S SIGNATURE James [illegible]

24. FUNERAL DIRECTOR Harvey's Funeral Home ADDRESS 3200-Kipawa, Mt. Rainier, Md.

Medical Examiner
(Re John T. Maloney)
Notified 6 40 PM 4/10/52
OKE

RECEIVED
APR 14 1952
BUREAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

418

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 9 mo's, 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2917- Cathedral Ave., N.W.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) CERVENKA

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1952

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH 8/6/1901
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent specialist
10b. KIND OF BUSINESS OR INDUSTRY U.S. Patent Office
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ferdinand Cervenka
14. MOTHER'S MAIDEN NAME Mary Sipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (National Guard) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 15 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

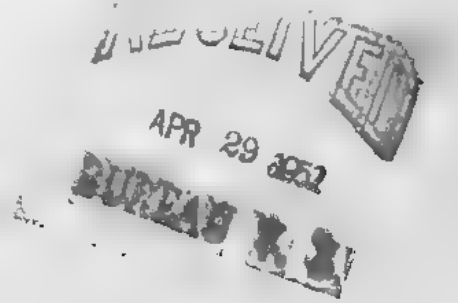
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1951, to 4/23, 1952, that I last saw the deceased alive on 4/23, 1952, and that death occurred at 3:20 P m, from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecare M.D. (Degree or title)
ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md.
DATE SIGNED 4/23/52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF 4/24/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 4/23/52
REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 1400 Chapin St Wash D.C.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APR 29 1952
BUREAU K

Items 2, 9 FilmG142 5/2/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6913 Greenvale Pkwy

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Chipouras
4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): N.B.
8. DATE OF BIRTH: April 21, 1952
9. AGE last birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. yrs. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chipouras, William Louis
14. MOTHER'S MAIDEN NAME: Bucknor, Cora Lucille

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 9 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Musser M.D. 7409 Varnum St 4/21/52

23. BURIAL, CREMATION [illegible]VAL (Specify): Crematory DATE THEREOF 4/23/52 NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 4/24/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr Supt ADDRESS

2042261240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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APR 25 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER HEIGHTS; LENGTH OF STAY (in this place) 7 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1304 49 AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PRINCE GEO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER HEIGHTS; STREET ADDRESS (If rural, give location) 1304 49 AVE

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) MAY (Last) CURTIN

4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 8 1892

9. AGE last birthday: 59 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTO MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE DARNELL

14. MOTHER'S MAIDEN NAME: MAMIE SIMMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: JAMES E CURTIN 1304 49 AVE BEAVER HT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Genral carcinomatosis — Interval Between Onset and Death: 4 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma breast, right — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-8-50

19b. MAJOR FINDINGS OF OPERATION: Mrkd in axilla.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1950 to April 2, 1952 that I last saw the deceased alive on April 2, 1952 and that death occurred at 1145A m., from the causes and on the date stated above.

SIGNATURE Ernest [illegible] (Degree or title) — ADDRESS [illegible] — DATE SIGNED 4/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF April 7 52 — NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L — LOCATION (City, town, or county) ARLINGTON (State) VA.

DATE REC'D BY LOCAL REG. Apr. 3, 1952 — REGISTRAR'S SIGNATURE Carrie F. Campbell.

24. FUNERAL DIRECTOR W W Chambers Co — ADDRESS 5801 Cleveland Ave Riverdale Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7 1952
BUREAU V. S.

Item 8 Film3142 5/5/52 WLW

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1218 59th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1 18 59th Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Marion (Last) Curtin

4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 52

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH 3/26/12

9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker

10b. KIND OF BUSINESS OR INDUSTRY Baking

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George W. Curtin

14. MOTHER'S MAIDEN NAME Pearl Eckloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service) None

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Capital Heights, Forrest E. Gray 8[illegible]-59th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hillside (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 26 (Year) 52 (Hour) A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fumes from a non vented gas stove

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md DATE SIGNED 4/27/52

23. BURIAL CREMATION MOVAL (Specify) Burial DATE THEREOF 4/29/52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS 517-11-St SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 30 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 yr., 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1260 10th St., N. W.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) D (Last) Daniel
4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1/8/98
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrig. mechanic
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Daniel
14. MOTHER'S MAIDEN NAME Macjonie Guill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-30-8660
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs 3 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1951, to 4/28, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 8 15 A m, from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinegare (Degree or title) MD
ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland
DATE SIGNED 4/28/52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2-11-52
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Price Georgia Md

DATE REC'D BY LOCAL REG. 4/28/52
REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR W. W. Chamberlain 1400 Chapin St NW. DC
ADDRESS

RECEIVED
MAY 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Md.
STREET ADDRESS (If rural, give location) 512 - 69th Street

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Dana
4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 24
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Davis
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) acute ventricular failure
DUE TO
421.1 Antecedent cause(s) (b) Complete, bundle branch, block
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) coelic stenosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~4-6~~ 4-7 1952, to 4-20, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 4-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 29 April 1952
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) (State) Bladensburg Md.
DATE REC'D BY LOCAL REG. 4/29/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Garcia Sons Hyattsville, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

The correct spe

VS: A15

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) District Training School

3. NAME OF DECEASED (Type or Print) (First) James (Middle) J. (Last) Duggan
4. DATE OF DEATH (Month) April (Day) 21 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 26, 1910
9. AGE Last birthday 47 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent U.S. Gov.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert P. Duggan
14. MOTHER'S MAIDEN NAME Maude W. Gadair
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wade Hampton Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2-4 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓ (c) ✓

430.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52 to 4/21/52, that I last saw the deceased alive on 4/21/52, and that death occurred at 1:52 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank E. Shirley, M.D. ADDRESS Savage, Md. DATE SIGNED 4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 25
NAME OF CEMETERY OR CREMATORY Mt. Vernet Cemetery
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Apr 25 '52
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Meredith L. Gibson Funeral Home
ADDRESS

RECEIVED
APR 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Route 2 - Arunk Park

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) (Last) Duvall
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr 29-1896
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Florence Dimeul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Charles Duvall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO

442x Antecedent cause(s) (b) Hypertensive Cardio-Vascular Disease — >10 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1952, to 4-9, 1952 that I last saw the deceased alive on 4-9, 1952 and that death occurred at 12 20 A.m., from the causes and on the date stated above

SIGNATURE Donald C. Edgren (DEGREE OR TITLE) M.D. ADDRESS Prince George Hospital, Maryland DATE SIGNED 4-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 4/9/52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 4/9/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Rollins Funeral Home ADDRESS 4339 Hunt Pl. N.E.

R.H.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

26

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and especially important. Physicians: please write the doses of death clearly and legibly. The correct age

VS A13A

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (In this place): 10 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 3416 - 10th Street West
STREET ADDRESS (If rural, give location): Bowie, Md.

3. NAME OF DECEASED (Type or Print): (First) Edmond (Middle) Bruce (Last) Edwards
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19 52
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 5th 1932
9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S.R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward F. Edwards
14. MOTHER'S MAIDEN NAME: Catherine Mcmanus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Father - Bowie, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage or shock.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of right femur	
	(c) Entombed in collision with a tree.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fractured femur.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (or CONTRIBUTING ☐) A CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street — (CITY OR TOWN): Bowie — (COUNTY): Pr. Geo. — (STATE): Md.
TIME OF INJURY (Month) 4 (Day) 16 (Year) 52 (Hour) 10 m
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding on auto. colliding with a tree

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry I find that said decedent died at the day and hour stated above, and death in my opinion resulted from natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: John J. Mc Guire, M.D. D.C. and Coroner — (Degree or title) — ADDRESS: Hyattsville, Md. — DATE SIGNED: 4/16/52

23. BURIAL, CREMATION, REMOVAL? (Specify): Burial
DATE THEREOF: 4-19-52
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county): Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Gaeche's Sons — ADDRESS: Hyattsville Md.

RECEIVED
APR 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Forrestville
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Forrestville
STREET ADDRESS (If rural, give location) 8 Martha Street.

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Mary (Last) Fitzpatrick
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH: 7/25/1898
9. AGE last birthday: 53 yrs. If under 1 year: Months Days. If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Greenland, Michigan.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Riddle.
14. MOTHER'S MAIDEN NAME: Gardner.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mr. S. P. Fitzpatrick - 8 Martha St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute Cardiac Dilitation	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Congestive Heart Failure	5 Yrs.
(c)	Rheumatic Heart Disease, Aortic & Mitral Lesion	40 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-, 1948, to 4-2, 1952, that I last saw the deceased alive on 4-1-, 1952, and that death occurred at 6. A. m, from the causes and on the date stated above.

SIGNATURE: John J. Culaco, M.D. (Degree or title) ADDRESS 3801 Suitland Rd. S.E. Wash. 20, D.C. DATE SIGNED 4/2/52.

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF April 5 1952 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Apr. 2-52 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR James T. Ryanchie ADDRESS 317 Pa. Ave. S.E.

RECEIVED
APR 7, 1952
BUREAU

FILM NO. G 1 & 2 MAY 12 1952

Two for One
on film -
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill, Md.
STREET ADDRESS (If rural, give location): 6501- Livingston Road S.E.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) J. (Last) Flanerty

4. DATE OF DEATH: (Month) April (Day) 14th. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 27 1870

9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Castleisland, Ireland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jeremiah Lawlor

14. MOTHER'S MAIDEN NAME: Mary Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: N. Josephine Flanerty 6501- Livingston Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Uremia	3 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized Arteria-Sclerosis	15 yrs.
(c)	Right Hemiplegia	5 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1952, to April 14, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

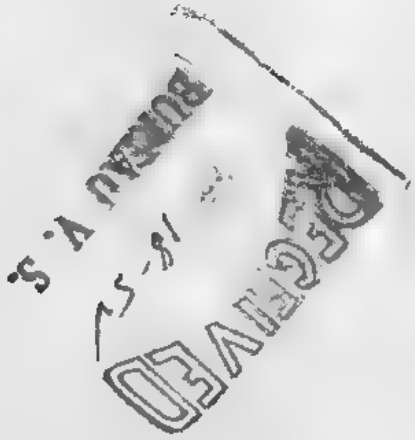
SIGNATURE: Anna Coyne Todd (Degree or title) ADDRESS: 7274 Palmer Rd S.E. DATE SIGNED: 4-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 18-1952 — NAME OF CEMETERY OR CREMATORY: St Ignatius Cemetery — LOCATION (City, town, or county) (State): Oxon Hill Md

DATE RECD BY LOCAL REGISTRAR: April 15-52 — REGISTRAR'S SIGNATURE: Howard J Beach

24. FUNERAL DIRECTOR: Simmons Bros — ADDRESS: 2007 Nicholas St.

COPY SENT TO LOCAL REGISTRAR No. ___ DATE 4-18-57



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 511 7th St.

3. NAME OF DECEASED (Type or Print) (First) Jon (Middle) (Last) Fowler
4. DATE OF DEATH (Month) April (Day) 16, (Year) 1952 19

5. SEX F
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED WIDOWED, DIVORCED, Specify) Married
8. DATE OF BIRTH October 24, 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Evans
14. MOTHER'S MAIDEN NAME Daisy Thornburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral [illegible]

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiac disease.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, [illegible], 1936, to [illegible]/16, 1952, that I last saw the deceased alive on [illegible]/15, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry G. Hadley [illegible] ADDRESS [illegible] 6th St. DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-19-52
NAME OF CEMETERY OR CREMATORY Addison Chapel
LOCATION (City, town, or county) Seat Pleasant, Md. (State)

DATE REC'D BY LOCAL REG 4-16-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Williams Lee's Sons Co. ADDRESS 300-4th St. N.E. Washington D.C.

4/18-52 James Sevey

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 16 Ridge Rd

3. NAME OF DECEASED: (Type or Print) (First) Karen (Middle) Lee (Last) Gibbs Jun 52

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: Apr. 1 4, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country) Pg Co., Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Gibbs
14. MOTHER'S MAIDEN NAME: Rosemary Inman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother — 16 E. Ridge Rd. Greenbelt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH 5 days

DUE TO

770 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1952, to 4-9, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE Hans Wodula (DEGREE OR TITLE) M.D. ADDRESS 30-B Ridge Rd, Greenbelt, Md DATE SIGNED 4-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF 4/11/52 NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 4/14/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR Harry W Renn Jr ADDRESS Supt

2242244322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

APR 16 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · 30

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) Lanham LENGTH OF STAY (in this place,
TOWN Hyattsville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo. -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 10 Eldridge Rd

3. NAME OF DECEASED: (Type or Print) (First) Bobby (Middle) Ray Kennedy (Last) Dibbs 2nd
4. DATE OF DEATH: Month April Day 4 Year 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 4, 1952
9. AGE last birthday. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Dibbs, Donald
14. MOTHER'S MAIDEN NAME: Lawson Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Ruptured Aneurism of Splenic Artery DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE Specify, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1952, to April 4, 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 12:50 p.m., from the causes and on the date stated above
SIGNATURE Hans Wodak (DEGREE OR TITLE) M.D. ADDRESS 30-B Bridge Rd Greenbelt, Md. DATE SIGNED 4-4-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE THEREOF 4/7/52 NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md
DATE REC'D BY LOCAL REG. 4/14/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr Supt ADDRESS

224-2443-24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

431

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred: 5814 L St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
Street No.: 5814 L St. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Cassie Beasley Green

3.(b) Social Security Number

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Henry Green
6.(c) If alive, give age ... years
7. Birth date of deceased (mo. day yr.): Unknown
8. AGE: Years: approximately 80 yrs. Months: Days: If less than one day ... hrs. ... min.
9. Birthplace: Spotsylvania Court House, Va. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business
12. Name: Unknown
13. Birthplace
14. Maiden name: Georgania Dawson
15. Birthplace: Va.
18. Informant: Mrs. Claudia Rector
Address: 5814 L St.
17. Removal (Burial, cremation, or removal Which?) Date thereof: 4/19/52 (month) (day) (year)
Cemetery or crematory: Wash. D.C.
Location
18. Funeral director: R. N. Horton & Co.
Address: 1322 You St. NW.
19. 4/19 19 52 Date (rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1952 at 7 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1947 to April 19 1952 and that I last saw her alive on April 18 1952
Immediate cause of death: Coronary Heart Disease
Due to
Due to
Other conditions: Senility
4 / 1 (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: [signature] M.D. or other
Address: [illegible] Date signed 4-19-52

VS A15 9-45-5M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 24 1952
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS-AH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7500 Allentown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) 7500 Allentown Rd. Wash. 20, D.C.

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) B. (Last) Griggs.
4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH 12-15-1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworker
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Huntington, Lorraine Co. Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Augustus Putnam Griggs.
14. MOTHER'S MAIDEN NAME Elanora Wilcox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY No. 177-22-4987A
17. INFORMANT Norman Miller Griggs - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute Coronary Occlusion	—
420.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis.	3 yrs
(c)	Arteriosclerotic Heart Disease	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Gen. Advanced. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-28, 1952, to 4-28, 1952, that I last saw the deceased alive on 4-28, 1952, and that death occurred at 5 15 P. m., from the causes and on the date stated above.

SIGNATURE John J. Calarco. (Degree or title) M.D. ADDRESS 3801 Suitland Rd. S.E. DATE SIGNED 4-28-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 1-1952 NAME OF CEMETERY OR CREMATORY Pine Grove LOCATION (City, town, or county) Russell (State) Penn

DATE REC'D BY LOCAL REG. April 29-52 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 517-11 St SE Wash DC.

Patient first seen 9 AM 4/28/52 at Request of Dr. Steve Nealon, 1746 K Street, N.W. Washington, D.C. He has been under care Dr. Nealon for Past 3 yrs for Coronary Insufficiency and Sclerosis. Remains seen at 6 P.M.

The above information given to Dr. Boyd (Coroner) and he Approves Certificate.

John J. Coleman, M.D.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 11; 4-14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 9528 Baltimore Blvd

3. NAME OF DECEASED: (Type or Print) (First) Fayette (Middle) (Last) Gross
4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1952

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3 15-81
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fayette Gross sr
14. MOTHER'S MAIDEN NAME: Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Nancy Tabbs 5011 Navahoe Ave, Lakeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart failure
420.0 DUE TO
Antecedent cause(s) (b) Arteriosclerotic Heart Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(151X) (c)

INTERVAL BETWEEN ONSET AND DEATH: 15 yrs +

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of Stomach ā spread to liver

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11/52, 19....., to 4/14, 1952, that I last saw the deceased alive on 4/13, 1952, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Julius Kauffman, M.D. 5102 Annapolis Rd. Bladensburg, Md. 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-17-52
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Bladensburg, P.G. Co. (State) Md.

DATE REC'D BY LOCAL REG. Apr. 15-1952
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S. Washington & Son
ADDRESS 467 N St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8 51

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, [illegible] the day stated above, and [illegible] from natural causes X, accident, suicide, homicide, undetermined.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly, Md. 4-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 19 April 1952 NAME OF CEMETERY OR CREMATORY St. Johns Cemetery LOCATION (City, town, or county) Beltsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE [illegible] 18 [illegible] [illegible]
24. FUNERAL DIRECTOR F. Baach's Sons, Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS-A16A

RECEIVED
APR 21 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Danville
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mattawoman Swamp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Distrect of Columbia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3813 - Yuma Street N.W.

3. NAME OF DECEASED (Type or Print): (First) Matthew (Middle) Edward (Last) Guenther
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Single
8. DATE OF BIRTH: 2-16-28
9. AGE last birthday: 24 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Aviation
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis H. Guenther Sr.
14. MOTHER'S MAIDEN NAME: Mary D. Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY No.: 577-30-5509
17. INFORMANT AND ADDRESS: Papers on body

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Crushing injuries to head and chest

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY At place of death (CITY OR TOWN) Danville (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 4 (Day) 21 (Year) 52 (Hour) 10:30 am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Airplane crash

22. I certify that I took charge of the remains described above held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined

SIGNATURE: James I. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 4/21/52

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF: 4-24-52 NAME OF CEMETERY OR CREMATORY: Mt Olivet LOCATION (City, town, or county): Washington DC (State)

DATE REC'D BY LOCAL REG.: 4/22/52 REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR: Hunt & Gar ADDRESS: Haldoy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

31 240

Reg. Dist. No. 705

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
LENGTH OF STAY (In this place) Lt.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Leo (Last) Hall
4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1952
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Separated
8. DATE OF BIRTH: 7/24/1900
9. AGE last birthday: 51 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam roller Operator
10b. KIND OF BUSINESS OR INDUSTRY: Road Building
11. BIRTHPLACE (State or foreign country): maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Lee Hall
14. MOTHER'S MAIDEN NAME: Alice Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) No — If yes, give war or dates of service:
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Margaret Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute lymphatic leukemia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 52, to April 19, 19 52, that I last saw the deceased alive on April 17, 19 52, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: James D. Boyd (Degree or title) M.D. ADDRESS Freestate Med DATE SIGNED 4/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: April 22-52 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or county) (State): Bladensburg Road Md

DATE REC'D BY LOCAL REG. 4-21-52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Hunt & Gyon | ADDRESS: Washington D.C.

J. N. Bilenzaley - cmo

DATE 4-23-52

RECEIVED
APR 23 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural) — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3 Congress Court, N. W.

3. NAME OF DECEASED (Type or Print): (First) HARDING (Middle) E (Last) HEAD
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1, 2, 0
9. AGE last birthday: 45 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Howard & Lotrop
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Head
14. MOTHER'S MAIDEN NAME: Esther Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 7[illegible]-10-[illegible]
17. INFORMANT AND ADDRESS: Next of kin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 day

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 11 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1952, to 4/17, 1952, that I last saw the deceased alive on 4/17, 1952, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pincans M.D. (Degree or title) — ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED 4/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/23/52. — NAME OF CEMETERY OR CREMATORY: Wood Lawn — LOCATION (City, town, or county) (State): Wash. DC.

DATE REC'D BY LOCAL REG. 4/21/52. — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR AND ADDRESS: R. N. Norton & Co. 1322 U St N W, Wash. DC

RECEIVED
APR 29 1952
BUREAU V. S.

Item 18 Film G142 4-28-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 38

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Pr. Georges Hospital

1. PLACE OF DEATH: COUNTY Pr. Geo MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. COUNTY D C
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) — (Last) Henry
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 8-24-1899
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

1998 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Primary site unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-16-52
19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 4-3, 1952 to 4-20, 1952 that I last saw the deceased alive on 4-20, 1952 and that death occurred at 10:45 A.m., from the causes and on the date stated above

SIGNATURE R. D. Bauer (DEGREE OR TITLE) M.D. ADDRESS 4314 Gallatin St. Hyattsville Md DATE SIGNED 4-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4/23/52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 4-20-52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300-4th St N.E. Wash, D.C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 39 231

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 5423. Spring Rd.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Larence (Last) Hodkinson
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-30-1907
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quit [illegible] Days - Woodwork [illegible] Lathrap
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John T. Hodkinson
14. MOTHER'S MAIDEN NAME: Bettie Ingrham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-01-6048
17. INFORMANT & ADDRESS: Edna May Hodkinson (same as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

410 Antecedent cause(s) DUE TO (b) Chronic rheumatic valvular disease — 20 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) (aortic stenosis + insufficiency; mitral stenosis + insufficiency)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/ 1947, to 4/7 1952, that I last saw the deceased alive on 4/6 1952, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. (DEGREE OR TITLE) ADDRESS 5102 Annapolis Rd. Bladensburg Md. DATE SIGNED 4/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/9/1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor, Md. (State)
DATE REC'D BY LOCAL REG. 4-8-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley Funeral Home ADDRESS 3200 R.I. Ave., Mt. Rainier, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

440

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Purcell (Last) Jennings

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 15 1889

9. AGE Last birthday 63 yrs | If under 1 year: Months | Days | If under 24 hrs: Hours | Min

10a. U.S. ALL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Private Work

11. BIRTHPLACE (State or foreign country) Mitchellville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Jennings

14. MOTHER'S MAIDEN NAME Louisa Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ada Belmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval between onset and death: 5 hours

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 1949, to April 5, 1952 that I last saw the deceased alive on April 5, 1952, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE T. R. Conner — (Degree or title) M.D. — ADDRESS Bowie, Md. — DATE SIGNED 4/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Apr. 9 1952 — NAME OF CEMETERY OR CREMATORY Carroll — LOCATION (City, town, or county) Mitchellville — (State) Md.

DATE REC'D BY LOCAL REG. 4-7-52 — REGISTRAR'S SIGNATURE Betty Mc Neil

24. FUNERAL DIRECTOR J. B. Johnson — ADDRESS Annapolis

RECEIVED
APR 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Heights — LENGTH OF STAY (in this place): 16 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1503 49th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Heights
STREET ADDRESS (If rural, give location): 1503 49th Ave.

3. NAME OF DECEASED (Type or Print): (First) Hyter (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Mar. 12, 1879
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired for [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Mary Ludley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Elizabeth Brown — Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

44

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title): John J. McIlroy M.D. Dep. Med. Exam. — ADDRESS: Cheverly, Md — DATE SIGNED: April 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 1-24-1952 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Henry S. Washington & Son — ADDRESS: 462 N St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1 PLACE OF DEATH: COUNTY Prince Georges — CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyndale — MARYLAND LENGTH OF STAY (In this place) D.O.A. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural, give location) 5205 42nd Ave

3. NAME OF DECEASED (Type or Print): (First) Upton — (Mid. In.) Eugene — (Last) Johnson

4 DATE OF DEATH: Month April — Day 11 — Year 1952

5 SEX: Male

6 COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8 DATE OF BIRTH: Jan. 16, 1923

9. AGE Last birthday: 29 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b KIND OF BUSINESS OR INDUSTRY: Chevy Chase Fire Dept

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Johnson

14 MOTHER'S MAIDEN NAME: Sarah Ann Bowmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — If yes, give war or dates of service: World War II

16 SOCIAL SECURITY No.

17 INFORMANT AND ADDRESS: Laurence Johnson - 22 Jones Bridge Rd. Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severance of jugular vein & multiple (c) lacerations of face & neck.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound comminuted fracture of mandible

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 11 - 52 - A m. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Explosion of refrigeration vaporizer

22 I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined X

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Grand Pres. Chevy Chase Hyattsville Md 4-12-52

23. BURIAL, CREMATION, REMOVAL Specify: Burial — DATE THEREOF 4/15/52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) Arlington (State) VA

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RFD: April 14 1952 Mrs Jas. Lavere (Deputy Local Reg.)

24. FUNERAL DIRECTOR — ADDRESS: Fisher & Sons Hyattsville Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

The correct sp

RECEIVED
APR 15 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park — LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5403-55th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 5403-55th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jno.	Fred	Jones	Jan.	23	1942

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Widowed	11-6-1102	49 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman Guard Fireman	Govt.	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jno. H. Jones Sr.	Annie Lorelas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs. Jno. Jones, College Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary thrombosis

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c) Hypertension Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jno. H. Jones	M.D.	College Park, Md.	Jan. 24 1942

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/28/42	St. Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27, 1942	Jane Sevens	F. Gaskins & Son	Hyattsville Md

VS. A15

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4706 Ravenwood Rd

3. NAME OF DECEASED: (Type or Print) (First) Raymond Baby (Middle) Robert Bay (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) 27 April 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 25-April 1952
9. AGE last birthday: 3 days yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond
14. MOTHER'S MAIDEN NAME: Frances Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity
DUE TO
774 Antecedent cause(s) (b) Respiratory Collapse
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 4/27, 19 52 and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (DEGREE OR TITLE) Md ADDRESS College Park Md DATE SIGNED 4/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF 4/30/52 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly, Md (State)

DATE REC'D BY LOCAL REG. 5/1/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

204219125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 2 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4325 Madison Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY PR.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4325 Madison Street

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) BERNARD (Last) KEEGIN

4. DATE OF DEATH: (Month) April (Day) 26th, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug.12/1909

9. AGE (Last birthday): 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (General)

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Hyattsville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward C. Keegin

14. MOTHER'S MAIDEN NAME: Annie G. Keim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs.Annie G.Keegin 4325 Madison St. Hyattsville Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Cardiovascular renal disease

420.1

19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. 2202 Cheverly Ave., Cheverly, Md. 4-26-52.

BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 29/1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG: April 27 1952 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver dale
LENGTH OF STAY (in this place) 3 hrs 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In the Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3508 Minn Ave S.E. Apt. 101

3. NAME OF DECEASED (Type or Print): First Maggie (Middle) (Last) Stutzman
4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 16 1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Carlock, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Jonathon (?) Stutzman
14. MOTHER'S MAIDEN NAME: Annah (?) Fry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Ruth Carlock Washington D.C. 3508 Minn. Ave. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	7 yrs.
	(c) Arteriosclerosis, generalized	7 yrs. +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic arthritis	4½ yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN, COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from Nov. 28, 1944, to April 18, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 7:18 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton H. Brook M.D. — ADDRESS: 7701 Carroll Ave. Takoma Pk. Md. — DATE SIGNED: 4-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Bloomington, Ill.

DATE REC'D BY LOCAL REG.: April 18 1952 — REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR — ADDRESS: Lebherz Chapman Co. 5111 51st St. S.E.

Copies to Settle Org. Funeral Home Carlock, Ill. Grad. L & C

RECEIVED
APR 21 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH 147

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md — MARYLAND LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS T.B. Road Waldorf, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine Md — STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print): (First) Jarett (Middle) Thomas (Last) Lancaster

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 9 1872

9. AGE last birthday: 79 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Prince George Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert Lancaster (son)

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac decompensation — 1 hr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis — 4 years

(c) Generalized arteriosclerosis — Unknown

450.0

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION: None — 21b. MAJOR FINDINGS OF OPERATION: —

22. AUTOPSY? Yes ☐ No ☑

23. EXTERNAL CAUSE (Violence) (PRIMARY OR CONTRIBUTING) AT WORK OF DEATH: None — PLACE OF INJURY (Home, farm, factory street, office bldg., etc.): Home — (CITY OR TOWN) Brandywine — (COUNTY) — (STATE)

TIME OF INJURY: Month (Day) (Year) Hour m. — INJURY OCCURRED: While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur? Fell

24. I certify that I took charge of the remains described above; held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence performed by said Autopsy, Inspection or Inquiry, and the said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Preston Yates M.D. — Washington, D.C. — 4-14-52

25. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE FILED: 4-14-52 — NAME OF CEMETERY OR CREMATORY: St. Mary Piscataway — LOCATION (City, town, or county) (State): Md. Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR (MO. DAY YR.) REG. 4-15-52 — SIGNATURE OF REGISTRAR: Wm. E. Lawrence

26. FUNERAL DIRECTOR — ADDRESS: Robert F. McGuire 1820-9 St. N.W. Wash. D.C.

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3709- 40th St.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) V. (Last) LIGHTNER

4. DATE OF DEATH: (Month) Apr (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Apr. 20 1877
9. AGE last birthday: 75 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Fullalove
14. MOTHER'S MAIDEN NAME: Frances A. Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. Louise Merritt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 4/23/52

4-20

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Heart + Kidney Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Myxedema

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1952, to 4/26, 1952, that I last saw the deceased alive on 4/20, 1952, and that death occurred at 11 45 A.m., from the causes and on the date stated above.

SIGNATURE George J. Hageage (DEGREE OR TITLE) M.D. ADDRESS 3,11-38th ave DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Apr 29 1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 4/26/52 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR J Wm Lee's Sons Co. — ADDRESS 300-4th St. Washington 2, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 30 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

19

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) [illegible] Oliver St

3. NAME OF DECEASED (Type or Print): (First) Sydney (Middle) Johnston (Last) Lodge

4. DATE OF DEATH: (Month) Apr (Day) 17 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH: Apr 27/[illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Private School

11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Dr James Lodge

14. MOTHER'S MAIDEN NAME: Alice Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 1408 Oliver St Sydney J. Lodge Jr, Hyattsville.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Hemiplegia

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/4, 1950, to 4/17, 1952, that I last saw the deceased alive on 4/17, 1952 and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N B Forward

ADDRESS 314 Compton Ave Laurel Md

DATE SIGNED 4/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/18/52

NAME OF CEMETERY OR CREMATORY Darnestown Cemetery

LOCATION (City, town, or county) (State) Darnstown Md,

DATE REC'D BY LOCAL REG. April 19, 1952

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Ernest [illegible] Gartner, Gaithersburg.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY 19 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland
STREET ADDRESS (If rural, give location) 5303 Decatur St.

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Dean (Last) MacDonald
4. DATE OF DEATH (Month) 4/24/52 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 4/24/52
9. AGE last birthday new born yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 19 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Riverdale, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl John MacDonald
14. MOTHER'S MAIDEN NAME Nancy Judith Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Mother - address as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last (b) Prematurity due to

(c) premature separation of placenta in mother

INTERVAL BETWEEN ONSET AND DEATH 19 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION -
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1952, to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 7:45 P. m, from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD ADDRESS DATE SIGNED 4/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. April 27, 1952
REGISTRAR'S SIGNATURE James Levy
24. FUNERAL DIRECTOR F. Gasch & Sons Hyattsville Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cross st Box 458
STREET ADDRESS (If rural, give location) Lanham Md

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) R (Last) MacDonald
4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: June 5 1899
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles MacDonald
14. MOTHER'S MAIDEN NAME: Sarah Keating
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk. (If Yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No.: 220-03-6541
17. INFORMANT & ADDRESS: Mildred MacDonald Lanham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive myocardial infarction — left ventricle
DUE TO
Antecedent cause(s) (b) Thrombosis of left anterior descending coronary
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1952 to 4-6, 1952, that I last saw the deceased alive on 4-6-1952 and that death occurred at 12.55 P.m., from the causes and on the date stated above.

SIGNATURE Albert Roth (DEGREE OR TITLE) M.D. ADDRESS Riverdale Md DATE SIGNED 4/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4/9/52 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington Va (State)
DATE REC'D BY LOCAL REG. Apr 8, 1952 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR E. Gaschenaus Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverly
LENGTH OF STAY (In this place): 5 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 518 - 8th Street

3. NAME OF DECEASED (Type or Print): (First) Alfonso (Middle) (Last) Mack

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep. 24

8. DATE OF BIRTH: Dec 25 1890

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Rd. Foreman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Cornelius Mack

14. MOTHER'S MAIDEN NAME: Catherine Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Walter Mack - Brother - Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute congestive heart failure.

1 or 2 Antecedent cause a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Pneumonia

(c): 2nd & 3rd degree burns of body

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ (CAUSE) OF DEATH

PLACE OF INJURY (Home, farm, factory, street or office bldg., etc.): Home — (CITY OR TOWN): Laurel — (COUNTY): Prince George's — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 4. 1952 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Explosion of stove pit from which flames were burning hot oil

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry and from my personal knowledge and belief, I state that death occurred at the date and hour stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: John D. Mahoney M.D. (Degree or title) — ADDRESS: Dr. Md. Ex. Beverly, Prince George's Co. Md. — DATE SIGNED: 4-28-52

BURIAL, CREMATION OR REMOVAL: Burial — DATE OF FUNERAL: 5-1-1952 — NAME OF CEMETERY OR CREMATORY: Asbury Cem. — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE: REG. 4 30 52 L

24. LOCAL FUNERAL DIRECTOR (Address): Holland Funeral Home 1631 Druid Hill Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling of names especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4105 Crittenden st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 4105 Crittenden st

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) ELLEN (Last) MAC NAIR

4. DATE OF DEATH: (Month) April (Day) 16. (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/30/1823

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas Trumbauer

14. MOTHER'S MAIDEN NAME: Sarah A. Bachman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Roscoe Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Arterio sclerotic Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1950, to 4-16 , 1952, that I last saw the deceased alive on 4-16 , 1952, and that death occurred at 10 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dayton O Watkins MD, ADDRESS: 6304 Annapolis Rd Bladensburg Md DATE SIGNED: 4-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 4/18/52 — NAME OF CEMETERY OR CREMATORY: allentown Pa — LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REG.: April 18, 1952 — REGISTRAR'S SIGNATURE: Jessie V Cory

24. FUNERAL DIRECTOR: Beechers — ADDRESS: Hyattsville Md

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

52

Reg. Dist No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 716 Chillum Road

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) (Last) Maloney
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 17, 1945
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Stephen Maloney
14. MOTHER'S MAIDEN NAME Phyllis Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mother Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY pool (CITY OR TOWN) Chillum Heights (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) Hour 4- 19-52 10 A m.
INJURY OCCURRED While a work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Slipped and sunk into a pool of water

22. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident X suicide, homicide, or undetermined.

SIGNATURE John J. Maloney (Degree or title) M.D. Dep. Med. Exam. Cheverly, Md. ADDRESS DATE SIGNED April 19. 1952

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/22/52 NAME OF CEMETERY OR CREMATORY George Washington Memorial LOCATION (City, town, or county) Riggs Rd. (State) Prince Geo. Md.

DATE REC'D BY LOCAL REG. April 20 1952 REGISTRAR'S SIGNATURE James Sevey

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 22 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Duitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) (Last) Mayhew
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1952
5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1882
9. AGE last birthday: 70 ? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Albert Wistel 3536 - Texas Av. SE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Left hydrothorax c atelectasis
DUE TO
Antecedent cause(s) (b) Pulmonary Congestion
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hypertensive arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR.

22. I hereby certify that I attended the deceased from Mar 28, 1952, to Apr 1, 1952, that I last saw the deceased alive on Apr 1, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above

SIGNATURE Samuel J Hugar (DEGREE OR TITLE) MD ADDRESS 4300 Raywood Dr Md DATE SIGNED 4/1/52

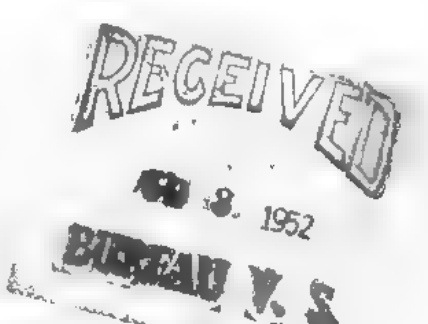
23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 4/1/52 NAME OF CEMETERY OR CREMATORY W LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 4-1-52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR James T. Ryan Inc. ADDRESS 317 - Pa. Ave. SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51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1952
U. S.

455

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deanwood Park — LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5115 - Nye St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deanwood Park
STREET ADDRESS (If rural, give location): 5115 - Nye St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) McKinley

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1898
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I
16. SOCIAL SECURITY No.: 578-16-1842
17. INFORMANT AND ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute congestive heart failure

Antecedent cause (b): Cardiovascular renal disease

Diseases or conditions if any, giving rise to the above cause stating the underlying cause last (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry [illegible] stated above, and death in my opinion resulted from natural causes ☒ accident, suicide, homicide, undetermined

SIGNATURE (Degree or title): John J. Maloney, M.D. Dep. Med. Exam. — ADDRESS: Cheverly - Hyattsville, Md — DATE SIGNED: 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE TO BE REPORTED — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSADA

RECEIVED
APR 21 1952
BUREAU V. S.

51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2716-73rd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural, give location) 2716-73rd Place

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Kline (Last) Miller

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Married
8. DATE OF BIRTH Jan. 16, 1889
9. AGE last birthday 63 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber business
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Miller
14. MOTHER'S MAIDEN NAME Philcita Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive, heart failure

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

(c) Cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John D. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Beverly, Md. DATE SIGNED 4-1-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 4/7/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE
4/7/52 Amanda Downey
4/9/52 James Sevey

24. FUNERAL DIRECTOR F. Gaschenson's Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1218 59th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Heights
STREET ADDRESS (If rural, give location) 605 59th Street

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Ruth (Last) Mitch 1
4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Ed
8. DATE OF BIRTH: 1/15/[illegible]8
9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restrant
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Godbout
14. MOTHER'S MAIDEN NAME: Emma Bessett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) To (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 5[illegible]7-[illegible]7-[illegible]567
17. INFORMANT AND ADDRESS: John J. Godbout, Capital Hts, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

X (II, I) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death (CITY OR TOWN) Hillside (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 26 (Year) 52 (Hour) Am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fumes from a non vented gas heater

22. I certify that I took charge of the remains described above held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide , homicide , undetermined .

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED [illegible]

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/29/52
NAME OF CEMETERY OR CREMATORY: Crash Nail
LOCATION (City, town, or county): Suitland (State) Md.

DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: [illegible] Chambers co ADDRESS 517-11-[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ap[illegible] especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 28
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

159

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs Williams Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 4809 - Osage Street

3. NAME OF DECEASED (Type or Print) (First) August (Middle) C (Last) Monnin
4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 23, 1869
9. AGE last birthday 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis X Monnin
14. MOTHER'S MAIDEN NAME Julia Maurice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Wilton G. Hardy - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

47 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, I [illegible] said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident [illegible] suicide [illegible]

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med Exam. Cheverly Hyattsville, Md 4-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/14/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Mass Md (State)

DATE REC'D BY LOCAL REG. 4-14-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md ADDRESS
5-5-52 Mrs Agnes M. Yingling

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAY 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Lee	Morris	April	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	28 Jan 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate Broker	Self-Employed	Md (Port Tobacco)	USA

13. FATHER'S NAME William Massey Morris — 14. MOTHER'S MAIDEN NAME Katherine Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-14-3246	Mrs. Stella Morris (Wife) Upper Marlboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Decompensation	10 min
420 1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	25 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept ... 19 48, to 14 April 1952, that I last saw the deceased alive on 13 April 1952, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. B. Lasseter	MD	Upper Marlboro, Md	4-14-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/17/52	Trinity Episcopal	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 16 1952	John F. Danner	Ritchie Bros.	Upper Marlboro, Md.

VS-15

81
52
29

RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 797 — 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: COUNTY ~~Anne Arundel~~ Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #2 Laurel — MARYLAND — LENGTH OF STAY (In this place) 14 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS CEDARCROFT SANITARIUM

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #2 - Laurel - Md. — STREET ADDRESS R.F.D. #2 (If rural, give location)

3 NAME OF DECEASED (Type or Print): (First) Hilda — (Middle) — (Last) Morris

4 DATE OF DEATH: (Month) April — (Day) 4 — (Year) 1952

5 SEX: Female

6 COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8 DATE OF BIRTH: July 5 1918

9 AGE last birthday: 33 yrs — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework - Own Home

10b KIND OF BUSINESS OR INDUSTRY: Homemaker

11 BIRTHPLACE (State or foreign country): Virginia

12 CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME: James Morris (born Virginia)

14 MOTHER'S MAIDEN NAME: Dorothy A. ? (born Virginia)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16 SOCIAL SECURITY NO. ?

17 INFORMANT AND ADDRESS: Dorothy A. Morriss, daughter R#2, Laurel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval between onset and death: 2 mos.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic " — 422.2 — 322.0

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Alcoholism

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21 ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5 — , 1952, to 4/6 — , 1952, that I last saw the deceased alive on 4/6 — , 1952, and that death occurred at 12 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard B. Wilmeden M.D. — ADDRESS Cedarcroft Sanit. Laurel Md. — DATE SIGNED 4/6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-10-1952 — NAME OF CEMETERY OR CREMATORY Good Shepherd — LOCATION (City, town, or county) Ellicott City — (State) Md.

DATE REC'D BY LOCAL REG. 4/9/52 — REGISTRAR'S SIGNATURE Mrs. B. Baughman — Pro. B. C. Ex. Millie McBrashears

24. FUNERAL DIRECTOR — ADDRESS F.C. Hill & Bothom, Ellicott City Md.

Certificate authorized by -
Dr Broschart -
Montgomery Co. Coroner — 4/6/52
R. B. Thibadeau -

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6404 Greg St

3. NAME OF DECEASED: (Type or Print) (First) Joanna (Middle) (Last) Panek

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 23-1952
9. AGE last birthday: 6 wks. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James V. Panek
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 754.1 (a) Bilateral Hydrothorax & Congestive Heart Failure

DUE TO

Antecedent cause(s) (b) Large Patent Ductus Arteriosus & Interauricular

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Septal Defect. Congenital Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION.
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1952, to 4/2, 1952, that I last saw the deceased alive on 4/2, 1952, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE William Branin MD (DEGREE OR TITLE) ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 4/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE THEREOF 4/3/52 NAME OF CEMETERY OR CREMATORY Addisons Chapel Cem LOCATION (City, town, or county) Seat Pleasant (State) Md.

DATE REC'D BY LOCAL REG. 4/2/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR J N McCus Sons ADDRESS 3004 4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
APR 4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04463

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXON HILL
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXON HILL
STREET ADDRESS (If rural, give location) 317 Winthrop St.

3. NAME OF DECEASED (Type or Print) (First) THEONIA (Middle) ETHEL (Last) PARKER
4. DATE OF DEATH (Month) April (Day) 30 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4/17/83
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John F. Glover
14. MOTHER'S MAIDEN NAME Linda Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) Cold
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Theonie L. Gimbruch 317 Winthrop St OXON HILL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to April, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Nissos Jr. D. ADDRESS 101 Audrey Lane Nash DC DATE SIGNED 4-30-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY Shanghai
LOCATION (City, town, or county) Quinton (State) Ala

DATE REC'D BY LOCAL REG. May 1-1952
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
MAY 7 1952
BUREAU V. S.

Item 18 Film G142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE, HAMPSHIRE KNOLLS
LENGTH OF STAY (in this place) 9 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 COX AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY PRINCE GEORGES.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE, HAMPSHIRE KNOLLS.
STREET ADDRESS (If rural, give location) 805 COX AVE

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) LEE (Last) PAYNE
4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1952.
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: September 21. 1917
9. AGE last birthday 34 yrs (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Hopewell, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: William C Lee
14. MOTHER'S MAIDEN NAME: Julia Barrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Jack H Payne, 805 Cox Ave Hampshire Knolls. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Acute Pulmonary Edema 1 hr.

4-14 X

Antecedent cause(s) DUE TO (b) Rheumatic Heart disease 15 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Hadchronic aortic mitral valvulitis with stenosis and leakage at each valve. (4-21-52 ams)

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949, to April 9, 1952, that I last saw the deceased alive on 4/5, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE Samuel Decoff M. D. (DEGREE OR TITLE) ADDRESS 900 17th St. N.W. Wash D.C. DATE SIG. 4/9/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 12. 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Portsmouth, (State) Virginia

DATE REC'D BY LOCAL REG. April 9 1952
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. New Takoma Park D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Dead
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 5423 Tay or Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Chester (Last) Payne

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 15 1899
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance electrician
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Payne
14. MOTHER'S MAIDEN NAME Mary Josephine Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency

(c) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident], suicide], homicide], undetermined].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly Md. 4-7-52

23. BURIAL CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 4/8/52
NAME OF CEMETERY OR CREMATORY Huntington
LOCATION (City, town, or county) Indiana (State)

DATE REC'D BY LOCAL REG. 4/8/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
OCT 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4209 - 70th ave

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Pepin.
4. DATE OF DEATH: (Month) (Day) (Year) 4 - 25 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-10-07
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Town Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Mt Rainier Md
11. BIRTHPLACE (State or foreign country): CONN.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fortuna Pepin
14. MOTHER'S MAIDEN NAME: Rosanna Cryo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Haemorrhagic Pancreatitis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Stricture of Common Duct &	16 months
	DUE TO (c) Stone in Common Duct	16 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/18/52
19b. MAJOR FINDINGS OF OPERATION: Stone in Common Duct Acute Cholecystitis; Stricture Common Duct, Pancreatitis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:32 P.M. from the causes and on the date stated above.

SIGNATURE Saul Schwarzbach M.D. (DEGREE OR TITLE, ADDRESS) DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4/28/52 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Colmar Manor Md (State)
DATE REC'D BY LOCAL REG. 4/28/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascho sons Hyattsville Md (ADDRESS)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ..

CERTIFICATE OF DEATH

Reg. Dist. No. 14 289

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 2nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS 105 Second St (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Lawrence (Last) Phair.

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH. April 4 1862

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Library

11. BIRTHPLACE (State or foreign country): Spencerville Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Phair

14. MOTHER'S MAIDEN NAME: Leah Riggle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Beatrice Mills, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Myocardial Failure — Interval between onset and death: 1 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Lobar Pneumonia — 4 wks.

(c)

4 93K

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 10 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3 1951 to 4/2 1952 that I last saw the deceased alive on 4/2 1952 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Laurel Md DATE SIGNED 4/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/5/52 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION City, town, or county) Burtonsville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR April 5-52 — REGISTRAR'S SIGNATURE W. Brashears

24. FUNERAL DIRECTOR DeWitt Donaldson — ADDRESS Laurel Md

RECEIVED
APR 8 1922
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier — LENGTH OF STAY (In this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Ranier
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4306 Raywood Drive	STREET ADDRESS (If rural, give location) 4306 Raywood Drive

3. NAME OF DECEASED (Type or Print): (First) Wendell (Middle) Brooks (Last) Phillips — 4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Divorced	July 27, 1891	60 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Editor	U.S. Govt	West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Oliver Phillips	May H Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	579-44-1408	Richard H. Phillips - Wilmington Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Hypertension,

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy Inspection or Inquiry ___ did not ___ and deceased died on the date stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville Md 4/9/52

23. BURIAL CREMATION REMOVAL (Specify) Transportation — DATE THEREOF 4/9/52 — NAME OF CEMETERY OR CREMATORY Clarksville — LOCATION (City, town or county) Georgia (State)

DATE REC'D BY LOCAL REG. April 9 1952 — REGISTRAR'S SIGNATURE Henry X Every — 24. FUNERAL DIRECTOR Z Gaschasone Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (In this place) 1 yr., 2 mths and 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1340 Vermont Avenue, N. W.

3. NAME OF DECEASED (Type or Print) (First) JOE Middle) (Last) PICKETTE
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1952
5. SEX MALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 6-8-07
9. AGE Last birthday 44 yrs
If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Washington Gas Light
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alfred Pickette
14. MOTHER'S MAIDEN NAME Annie Gilyard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 238-12-7179
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

CCIX Antecedent cause (b) Pneumoconiosis (Silicosis)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs 11 mos. Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18th, 1950, to April 9th, 1952, that I last saw the deceased alive on April 9th, 1952, and that death occurred at 7:35 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED: 4/9/52

BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 4-14-52 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county): Arlington | (State): Va.

DATE REC'D BY LOCAL REG. 4/9/52 | REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR: Henry S. Washington & Son | ADDRESS: 467 K St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Heights — LENGTH OF STAY (in this place): 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6213 - 57th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: West Virginia — COUNTY: Upshur
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Buckhannon
STREET ADDRESS (If rural, give location): 35 West Lincoln St.

3. NAME OF DEC[redacted] (Type or Print) (First) BETTIE (Middle) LEE (Last) POST
4. DATE OF DEATH (Month) APRIL (Day) 7 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: Oct 6, 1864
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): HARRISONBURG, VA.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: RICHARD STEPHENS
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: MARY NELSON - 6213 - 57th Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 2 months.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Arteriosclerotic

(c) Heart Disease — 8 months

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1951, to April 7, 1952, that I last saw the deceased alive on Apr 7, 1952, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: Samuel J Hugar (Degree or title) M.D. — ADDRESS: 4300 Kaywood Drive Mt Rainier Md — DATE SIGNED: Apr 7, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): transportation — DATE THEREOF: 4/8/52 — NAME OF CEMETERY OR CREMATORY: Buckhannon — LOCATION (City, town, or county) (State): West, Va.

DATE REC'D BY LOCAL REG.: April 8, 1952 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local — 24. FUNERAL DIRECTOR: F Gascha some Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-AD 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 8702 Ward Pl.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W (Last) Quantrille

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 10-10-1871

9. AGE Last birthday: 80 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard U.S. Mint

10b. KIND OF BUSINESS OR INDUSTRY: Retired Treasury Dept.

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS. Mrs Eunice Rousseau

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

			Interval Between Onset and Death
Immediate cause	(a)	Hypostatic pneumonia	3 days
610 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Uremia	16 days
	DUE TO (c)	Prostatic hypertrophy	6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Gangrene of left foot — 6 days.

19a. DATE OF OPERATION: 4-13-52

19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophic cystectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13-52, to 4-29-52, that I last saw the deceased alive on 4-28-52, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Hans Wodela (DEGREE OR TITLE) M.D. ADDRESS 30-B Bridge Rd Greenbelt, Md DATE SIGNED 4-30-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/2/1952

NAME OF CEMETERY OR CREMATORY: George Washington

LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REG. 4/30/52

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. A. Williams Funeral Home Co.

ADDRESS 1300-4th St N.E. Wash. DC.

RECEIVED
MAY 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-43

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 1 yr., 2 mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Oak Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 703½ - High St., S.E.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Rawlings

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-1-1886

9. AGE (Last birthday) 65 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hou elainter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Rawlings

14. MOTHER'S MAIDEN NAME: Ida V. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Army 1917-1918

16. SOCIAL SECURITY NO. 578-22-0175

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 1-51 to 4-17-52

Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last (b) 0021 — 15 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

INJURY

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 4-17, 1952, that I last saw the deceased alive on 4-17-52, 19, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Lee Pincus, M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 4/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/22/52. — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 4/18/52. — REGISTRAR'S SIGNATURE Lee Weiss

24. FUNERAL DIRECTOR Chambers — ADDRESS 517-11th St. Wash D.C.

RECEIVED
APR 23 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 73

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Prince Geo Hospital

1. PLACE OF DEATH: COUNTY P. G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 5032-27 ave
STATE Md. COUNTY P. G. Hyattsville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Cheverly, Md

3. NAME OF DECEASED (Type or Print) (First) Reitzes, (Middle) (Last) Sandor.
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1952
5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 1-18-1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Trunk
11. BIRTHPLACE (State or foreign country) Hungary
12. CITIZEN OF WHAT COUNTRY? P. G.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause 420.1	(a)	Ventricular tachycardia	7 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Acute myocardial infarction	10 days
	DUE TO (c)	Coronary artery disease c̄	4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 4 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24 1952 to 4/3 1952, that I last saw the deceased alive on 4/3 1952, and that death occurred at 9:15 P.M., from the causes and on the date stated above

SIGNATURE Julius Taeffman, (DEGREE OR TITLE) M. D. ADDRESS 5102 Annapolis Rd. Bladensburg, Md. DATE SIGNED 4/

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4/6/52 NAME OF CEMETERY OR CREMATORY Montefiore Cemetery LOCATION (City, town, or county) Long Island, N.Y. (State)
DATE REC'D BY LOCAL REG. 4/4/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501 14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4011-31st St.

3. NAME OF DECEASED: (Type or Print) (First) Hazell (Middle) (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10 4 1 89
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander Peden
14. MOTHER'S MAIDEN NAME: Murcy Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Paul Smith 4011-31st. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Leyomyosarcoma of uterus with
174X
Antecedent cause(s) (b) metastases to lung and spinal column
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 6+ months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-19-52
19b. MAJOR FINDINGS OF OPERATION: Sarcoma of uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1951, to 4-8, 1952, that I last saw the deceased alive on 4-7, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE U B Moyers (DEGREE OR TITLE) M.D. ADDRESS Mt. Rainier Md DATE SIGNED 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4-10-1952 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery LOCATION (City, town, or county) Colmar Manor, Md (State)

DATE REC'D BY LOCAL REG. 4-8-52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
APR 10 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

74

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6404 Buchanan

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P.J.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 6404 Buchanan

3. NAME OF DECEASED (Type or Print) (First) Robin (Middle) Gower (Last) Roberts

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 15, 1876
9. AGE last birthday 76 yrs | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Sundries
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos C. Roberts
14. MOTHER'S MAIDEN NAME Susana B. Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes [illegible]
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leonard W. Snyder - some address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

Antecedent cause (b) Diabetes mellitus
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident , suicide , homicide , undetermined*

SIGNATURE James J. Bond (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 4/29/52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 3 1952
NAME OF CEMETERY OR CREMATORY Harleigh
LOCATION (City, town, or county) Camden (State) N.J.

DATE REC'D BY LOCAL REG [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517-9 St SE Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 12

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (in this place) 21 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Madison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Madison Ave.

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) Stephen (Last) Robinson
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-16-1952
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis W. Robinson
14. MOTHER'S MAIDEN NAME Cecilia Ann Proctor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from natural cause ☒, accident ☐, suicide ☐, [illegible] ☐ undetermined

SIGNATURE John J. Maloney, M.D. Degree or title ADDRESS 2202 Cheverly Avenue - Cheverly, Md DATE SIGNED 4-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/27/52 NAME OF CEMETERY OR CREMATORY Woodmore Cemetery LOCATION (City, town, or county) Woodmore Md (State)

DATE REC'D BY LOCAL REG. [illegible] 1952 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

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MAY 5 1952
BUREAU V. S.

04476

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Va — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 214 - 12th St. S.E.

3. NAME OF DECEASED (Type or Print): First: Franklin — Middle: Daniel — (Last): Ross
4. DATE OF DEATH (Month) (Day) (Year): Apr. 22 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1951
9. AGE last birthday: 31 yrs. — If under 1 year: Months | Days — If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Franklin D. Ross
14. MOTHER'S MAIDEN NAME: Pauline Blackwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] — If yes, give war or dates of service: 1950-1951
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mother - Pauline West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Hemorrhage & shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Fracture of [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN) (COUNTY) (STATE): Near Lanham - Pr. Co. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 4-22-52 10:45 p.m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? [illegible] Car he was driving [illegible]

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title): John D. M[illegible] M.D. Sup. Med. Exam. — ADDRESS: Cheverly Hospital Md. — DATE SIGNED: 4-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 4/23/52 — NAME OF CEMETERY OR CREMATORY: 1432 Jon St Wash DC — LOCATION (City, town, or county) (State): Wash. Gtor DC

DATE REC'D BY LOCAL REG.: 4/23/52 — REGISTRAR'S SIGNATURE: Amanda Downey W — 24. FUNERAL DIRECTOR: Jarvis Co — ADDRESS: 1432 Jon St N.W. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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APR 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood | LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4526 40th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 4526 - 40th Ave.

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) B. (Last) RAZIER
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952
5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 4 1872
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theodore Price
14. MOTHER'S MAIDEN NAME: Lucy Tasker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Sadie L. Riles - niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset and Death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephritis, chronic — 20-25 yr
(c) Arterio-Sclerosis — many yrs

592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to Apr. 13, 1952, that I last saw the deceased alive on Apr 12, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. H. Keller M.D. April 13, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: Apr. 13-1952 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Apr. 13-1952 | REGISTRAR'S SIGNATURE: Carrie F. Campbell | 24. FUNERAL DIRECTOR: Rollins Funeral Home | ADDRESS: Mount Rd.

Apr 16 1952 James Percy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. The correct age

VS. A15

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APR 17 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

04478

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly. The correct ay

VS A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND — LENGTH OF STAY (in this place): 7 hrs
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: P.G. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): 600 - 9th Street

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) (Last) Ryder

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-16-19

9. AGE Last Birthday: 33 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Eager

14. MOTHER'S MAIDEN NAME: Ida Crotty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joseph L. Ryder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure

(c) Pneumothorax - Post Pneumothorax

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pneumothorax - Inactive tuberculosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH:

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: Month (Day) Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described herein at the request of the Informant on the date stated above, and death in my opinion resulted from the cause(s) stated.

SIGNATURE: John J. Mahoney M.D. (Degree or title) — ADDRESS: Dep. M.E. Prince Georges Co. — DATE SIGNED: April 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE OF BURIAL: April 24 1952 — NAME OF CEMETERY OR CREMATORY: Bacon Chapel — LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR: April 23-52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ridgley Selby — ADDRESS: 401 Washington Ave Laurel Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY: Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Wash. COUNTY: DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 3726 - Veazey St. N.W.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Edgar (Last) Saunders
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: 23 Nov. 76
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Horticulturist
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David I. Saunders
14. MOTHER'S MAIDEN NAME: Mary Ellen Toheens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Myrtle Saunders Volland (above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	acute heart failure	10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cancer larynx	5½ yrs
	(c)	Generalized carcinomatosis	6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma with metastasis to cervical glands
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to 26 April 1952 that I last saw the deceased alive on 26 apr., 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas E. Mattingly M.D. (Degree or title)
ADDRESS: 2200 Rhode Is. ave N.E. Wash. 18, D.C.
DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/29/52
NAME OF CEMETERY OR CREMATORY: Rock Creek Cem.
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 4/26/52 4/30/52
REGISTRAR'S SIGNATURE: Amanda Downey James Severy
24. FUNERAL DIRECTOR: Thos. D. H. Price & Co. ADDRESS: 2901-14 St. N.W. Wash. D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marine Home for Retarded Children

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
STREET ADDRESS (If rural, give location) Marine Home for Retarded Children

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Averel (Last) Schwartz

4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 22, 1951
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Wash D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Schwartz
14. MOTHER'S MAIDEN NAME Beatrice Sheiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Records of Marine Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease

(c) Mongolism

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1951, to Apr 17, 1952, that I last saw the deceased alive on Apr 16 1952, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Mahoney, M.D. [illegible] Va. 4-17-52

23. BURIAL CREMATION REMOVAL (Specify)
DATE THEREOF 4-18-52
NAME OF CEMETERY OR CREMATORY Mt Lebanon
LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REG. 4-18-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St N.W.

Carrie F. Campbell.

APR 22 1952
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1480

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Robershaw Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; STREET ADDRESS (If rural, give location) 2312 Cheverly avenue, .

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) A (Last) Shea

4. DATE OF DEATH: (Month) Arpil (Day) 30 (Year) 1952- 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 3, 1874

9. AGE last birthday: 77 years; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired U S Government

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Engraving

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Shea

14. MOTHER'S MAIDEN NAME: Catherine Lawler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Anne Naylor Cheverly Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension and Old age

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (House, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to 4/30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 2, 1952

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Washington D C.

DATE RECD BY LOCAL REG. 5/2/52.

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch sons Hyattsville Md

ADDRESS

RECEIVED
MAY 27 1952
BUREAU V. S.

3296

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 3600 - 55th Place.

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) D. (Last) Slater
4. DATE OF DEATH (Month) Apr. (Day) 14 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 20, 1893
9. AGE last birthday 58 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frank Davis
14. MOTHER'S MAIDEN NAME ? Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Husband - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Embolism

(c) Post operative Herniotomy, left inguinal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION -
19b. MAJOR FINDINGS OF OPERATION Herniotomy, left inguinal
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held on Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry [illegible] died on the day stated above, and death in my opinion resulted from natural cause X accident [illegible] determined

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T Maloney M.D. Dep. Med. Exam Cheverly-Hyattsville, Md 4-16-52

BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 17 April 1952
NAME OF CEMETERY OR CREMATORY Fr Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE RECD BY LOCAL REG 4-17-52
REGISTRAR'S SIGNATURE Amanda Downey
FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4/5A

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4 Y. L

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (In this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6309 Foote Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6309 Foote Street

3. NAME OF DECEASED (Type or Print) (First) Mable (Middle) (Last) Speakes

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 23, 1887
9. AGE last birthday 64 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Brownhouse
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Chase
14. MOTHER'S MAIDEN NAME Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 579-24-3107
17. INFORMANT AND ADDRESS Joseph P. Speakes Route #1 Fairfax Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 4/21/52

23. BURIAL, CREMATION, REMOVAL, Specify Burial
DATE THEREOF 4/25/52
NAME OF CEMETERY OR CREMATORY Arlington Nat'l
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG [illegible] 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
LENGTH OF STAY (in this place) 73 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 CHEVERLY AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 6812 6th STREET. N.W.

3. NAME OF DECEASED (Type or Print) (First) GRACE (Middle) WHEELER (Last) SPENCER
4. DATE OF DEATH (Month) APRIL (Day) 5 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN 25, 1871
9. AGE last birthday 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) RICHMOND, MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DARIUS B. WHEELER
14. MOTHER'S MAIDEN NAME MARTHA BELKNAP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS KENNETH W SPENCER, 6812 6th ST. NW. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
426.1 Immediate cause (a)	Cerebral Thrombosis	18 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Cardiovascular	—
(c)	Degeneration	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to April 5, 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles T. Carroll M.D.
ADDRESS Charles T. Carroll M D. 6801 - 6th St., N.W., Wash. 12, D.C.
DATE SIGNED 4/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 7, 1952
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY
LOCATION (City, town, or county) PRINCE GEORGE Co. (State) MD.

DATE REC'D BY LOCAL REG. 4/9/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR [illegible] 224 CARROLL ST. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5600 Chillum Heights Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5600 Chillum Heights Drive

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Ray (Last) Stephens, Jr.
4. DATE OF DEATH: (Month) April 8 (Day) (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: March 14, 1952
9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 24 If under 24 hrs: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Kenneth Ray Stephens, Sr.
14. MOTHER'S MAIDEN NAME: Eva Mae Connery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Kenneth R. Stephens, Sr. 5600 Chillum Heights Drive Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion due to heart disease	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital heart disease	3 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 March 1952, to 8 April, 1952, that I last saw the deceased alive on 16 March 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry R. Wolfe M.D.
ADDRESS: 5603 Chillum Hgts. Drive
DATE SIGNED: 4/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial
DATE THEREOF: April 9, 1952
NAME OF CEMETERY OR CREMATORY: Stephens Cemetery
LOCATION (City, town, or county) (State): Tornado, West Virginia

DATE REC'D BY LOCAL REG.: April 12, 1952
REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: Warner C. Pumphrey
ADDRESS: Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. John T. Maloney, Prince George's County Medical Examiner notified of death 4/8/52. Diagnosis suggested and approved by him. HRWolf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geos
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
STREET ADDRESS (If rural, give location) 4812 Clark ST. SE.

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) E. (Last) STEWART

4. DATE OF DEATH (Month) April (Day) 6 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 20 1866

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY Navy Dept

11. BIRTHPLACE (State or foreign country) London England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Gordon G. Stewart 4906 Byers ST SE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach

151 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 8 1952, to April 6, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 12 00 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E. Counsen M.D. ADDRESS 4400 Bowen Rd SE Wash DC DATE SIGNED April 6 1952

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE THEREOF April 8-1952 NAME OF CEMETERY OR CREMATORY Cedar Hill cemetery LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR REG. April 6-52 REGISTRAR'S SIGNATURE Howard J. Bruce

24. FUNERAL DIRECTOR Simmons Bros ADDRESS 2007 Nichols Ave SE Wash DC

4-7-52

157

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5809 Cleveland Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5809 Cleveland Ave.,

3. NAME OF DECEASED (Type or Print) (First) REGINA (Middle) (Last) SUTER
4. DATE OF DEATH (Month) April (Day) 21st, (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb.26/1866
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Charleston, S.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME (Unknown) Mollenhauer
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY No. none
17. INFORMANT Mrs.Helena Hatfield, 5809 Cleveland Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic valvular heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Acc. catarrhal fever -

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and do the in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md. 4-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF April 22/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland - Pr. Geo. (State) Md.

DATE REC'D BY LOCAL REG. April 21, 1952
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR W.W.Chambers Company, Riverdale, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

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APR 23 1917
BUREAU U. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md. -
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp. -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) (Day) (Year) April 17, 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: ? 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary Conway - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.0
(a) Uremia: Sub-Hepatic, and Peri-Appendicial Abscess
DUE TO
Antecedent cause(s)
(b) Hypertensive Arteriosclerotic Heart Disease.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Nephrosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1952 to April 17, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 6:55 P.M., from the causes and on the date stated above

SIGNATURE Julius Kauffman (DEGREE OR TITLE) M. D. ADDRESS 5102 Annapolis Rd. DATE SIGNED 4/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 04-21-52 NAME OF CEMETERY OR CREMATORY Bowie Catholic LOCATION (City, town, or county) Bowie Md. (State)

DATE REC'D BY LOCAL REG. 4/18/52 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR John T Stewart ADDRESS 30 H St. T E. Wash. D.C.

RECEIVED
APR 23 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lenwood (Last) Thomas

4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 15, 1946
9. AGE last birthday 5 yrs | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jessups, Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Jesse Lenwood Thomas
14. MOTHER'S MAIDEN NAME Martha Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father - [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fractured skull	
	(c)	Struck by automobile	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sent (CITY OR TOWN) Jessups - Prince George (COUNTY) Maryland (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-21-52 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry and that said deceased did not the day stated above, and death in my opinion resulted from natural causes ☐ accident X suicide ☐ homicide ☐ undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. Dep. Medicine [illegible] 4.1.52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE OF THE REOF 4-25-52
NAME OF CEMETERY OR CREMATORY Locust Chapel
LOCATION (City, town, or county) Simpsonville (State) Md

DATE REC'D BY LOCAL REG. 4/23/52
REGISTRAR'S SIGNATURE Amanda Downey
24. [illegible] DIRECTOR F. C. Hagenbathom
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 25 1962
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A76)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham Terrace — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham Terrace — STREET ADDRESS (If rural, give location) 806 Sheridan St.

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) F. S. — (Last) THONSSEN

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 16. 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Representative (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Multiplex Inc Co

11. BIRTHPLACE (State or foreign country): Houston Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Julian J. Thonssen

14. MOTHER'S MAIDEN NAME: Catherine Stephan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-05-2096

17. INFORMANT AND ADDRESS: Amy R. Thonssen 806 Sheridan St

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac dilatation — 5 hrs

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of prostate with generalized metastases — 2 yr

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William A. Ryon M.D. — 401 - 1st N.E. — April 13 1952

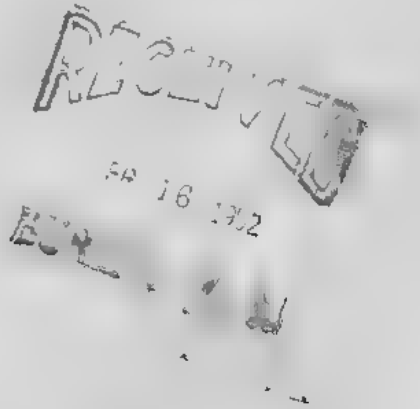
23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Cremation — April 15. 1952 — Lee's Crematorium — Washington D.C.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24 FUNERAL DIRECTOR — ADDRESS

April 14 1952 — Mrs. Jas. Dawson Deputy Registrar — J. Fullerton Leach Sons Co.

Leach.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04492

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY PRINCE Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
LENGTH OF STAY (in this place) 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1206 - 54th AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
STREET ADDRESS (If rural, give location) 1206-54th AVE.

3. NAME OF DECEASED (Type or Print) (First) BURTON (Middle) FRED (Last) WARD

4. DATE OF DEATH (Month) APR. (Day) 11, (Year) 1952

5. SEX MALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 4/6/82

9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, M.n

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HIGHWAY REPAIR MAN

10b. KIND OF BUSINESS OR INDUSTRY D.C. Gov. RETIRED

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Marshall Wood

14. MOTHER'S MAIDEN NAME Martha Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS HELEN WARD 1206 - 54th AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset and Death: 5 days

351 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spastic paralytic — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1951, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E. Conlan M.D — ADDRESS 4400 Bowen Rd SE — DATE SIGNED 4-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/14/52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or country) (State) Suitland Md

DATE RECD BY LOCAL REG. 4-12-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS H. L. Chambers & Wash. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A1

RECEIVED
APR 15 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cheyenne Pump Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) (Last) Watson
4. DATE OF DEATH (Month) 4 (Day) 4 (Year) 19[illegible]

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Colored
8. DATE OF BIRTH Aug 13 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tobacco
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Herman Watson, Westwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY Home farm factory street office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED 4-7-52

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 4/7/52 NAME OF CEMETERY OR CREMATORY St Thomas LOCATION (City, town, or county) St Agnes Md (State)

DATE REC'D BY LOCAL REG 4-8-52 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Hunt & Gor ADDRESS Waldorf Md

F H Billingsley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY: Duckettsville Bowie Md MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place): 37 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Duckettsville Bowie Md	STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rosa Watson	4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1952
5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH — 9. AGE last birthday: 77? yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular Accident	3 days
445x Antecedent cause(s)	(b) Malignant Hypertension	18 mths
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension and Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to April 3, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 9:35P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. K. Conner	M.D.	Bowie, Md.	4/3/'52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	4/4/52	University Med School	Balto City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-8-52	Mrs. John Yingling	Frances A Hemsley	578 N Biddle St

Austrung Board (3. Attendant)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AR

RECEIVED
MAR 8 1952
BUREAU U. S.

April 7, 1952

Mr. Von Ahn:

This is the death certificate for the body which may be claimed for burial on April 8th. If it is claimed, I will send the undertaker (William T. Tolbert, Washington, D.C.) to you for a burial permit.

Mary Frampton, Secy.
Anatomy Board of Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince George MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY P.G.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Weems

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-1-1875

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Coffin

14. MOTHER'S MAIDEN NAME: Annie Swain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ella Rawlings - Granddaughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Arteriosclerosis, severe, generalized — INTERVAL BETWEEN ONSET AND DEATH: Unk

450 DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not reinted to the disease or condition causing death. Mod dehydration, questionable pulm embolus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 22 Apr, 1952, that I last saw the deceased alive on 22 Apr, 1952, and that death occurred at 12.50 A.m., from the causes and on the date stated above

SIGNATURE R B Cooper MD (DEGREE OR TITLE) ADDRESS Upper Marlboro, Md DATE SIGNED 4-24-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 4-26-52 NAME OF CEMETERY OR CREMATORY Brooks Chapel LOCATION (City, town, or county) Nottingham Md. (State)

DATE REC'D BY LOCAL REG. 4/24/52 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR John T Stewart ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

V. O. release of body by Dr. Mahoney
N. G. McCaughey M D

RECEIVED
APR 30 1952
BUREAU V. S.

04496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 13 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Lison Rd

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Wain

4. DATE OF DEATH (Month) Apr. (Day) 14 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 11, 1909
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr. Wm B. Welch
14. MOTHER'S MAIDEN NAME Gladys Mae Dooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 week

241A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~193~~, 1938, to Apr 19, 1952, that I last saw the deceased alive on Apr 19, 1952, and that death occurred at 3:15 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) L W McAlin MD — ADDRESS Riverdale, Md — DATE SIGNED 4-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4/22/51 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. April 21, 1952 — REGISTRAR'S SIGNATURE James Sevoy

24. FUNERAL DIRECTOR F. Gorsha Sons Hyattsville Md — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
APR 23 1957
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 20 a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale Md
STREET ADDRESS (If rural, give location) 5420 Quesada Rd

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) THOMAS (Last) WHITE
4. DATE OF DEATH (Month) Apr (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 17, 1952
9. AGE last birthday 2 months — If under 1 year: Months | Days — If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Everett white
14. MOTHER'S MAIDEN NAME Mary Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 28
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mary white E. Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1952, to 4-7, 1952 that I last saw the deceased alive on 4-7, 1952 and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. April 9 1912
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gaschi sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. 2/5

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APR 10 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B.
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1114 Stevens Road S.E.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Williams (Last)
4. DATE OF DEATH (Month) April (Day) 23 (Year) 52

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 17, 1919
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At endant
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard Williams
14. MOTHER'S MAIDEN NAME Madalene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS A.P. Morrow, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

823.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing wounds of the head and chest

(c) Universal third degree burns of the body

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route # 5 (CITY OR TOWN) T. B. (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 22 (Year) 52 (Hour) 11:00A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car ran off road and turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Pond (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 4/23/52 NAME OF CEMETERY OR CREMATORY Morrow Funeral Home LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 4/23/52 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gisclesons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 1 day 7¼ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md.
STREET ADDRESS (If rural, give location) 815, Main St.

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) Cornelius Christian (Last) Wuyster

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-18-52
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours Min. 7 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Cornelius Christian Wuyster
14. MOTHER'S MAIDEN NAME Mary Jeanette Dillow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS Hosp. Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (5½ mo. Gestation)

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1952, to 4/20, 1952, that I last saw the deceased alive on 4-19, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis H. Moody Jr. M.D. ADDRESS DATE SIGNED 4-20-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/22/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REG. April 21 1952
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gaseth's sons Hyattsville Md ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 23 1992
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

045001

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2217 Beechwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
STREET ADDRESS (If rural, give location) 2217 Beechwood Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Isabelle	Zerby	April	8	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	9/30/1868	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Cannonsburg, Pennsylvania	U.S.A.

13. FATHER'S NAME: James Ferris

14. MOTHER'S MAIDEN NAME: Ellen Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. George B. Crumrine, 2217 Beechwood Road, Lewisdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac & Pulmonary failure

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3/23/52 - 4/8/52.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/23, 1952, to 4/8, 1952, that I last saw the deceased alive on 3/26, 1952, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dwayne Richfield MD 6826 Aggie Road Hyattsville Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	4/10/52	East Oak Grove Cemetery	Morgantown, West Virginia

DATE REC'D BY LOCAL REG: April 12, 1952

REGISTRAR'S SIGNATURE: James Leroy

24. FUNERAL DIRECTOR ADDRESS: Cramer & Pumphrey 8434 Ga. Ave. Silver Spring, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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APR 14 1952
BUREAU V. S.